

Case Report



COMPREHENSIVE CASE REPORT ON OBESITY: AYURVEDIC PROTOCOL FOR SUSTAINABLE WELLNESS

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ABSTRACT :

Background: Obesity is one of the major global health concerns associated with various medical conditions including Type 2 diabetes, heart disease, and certain cancers. This disease needs precise effective treatment modalities as per Ayurvedic principles for managing this metabolic disorder. **Clinical Findings:** A 27-year-old male presented with obesity-related health issues, including weight gain, elevated lipid profiles, breathing difficulties, and insomnia. **Interventions:** The patient adopted an Ayurvedic treatment regimen that included practices- *Aamapachana, Agnideepana, Udwartana, Virechana, and Shamanoushadhi*. Diet and therapeutic yoga were essential components of his treatment plan. **Results:** There is a significant weight loss, improved lipid profiles, and the patient got relief from breathing problems and insomnia. *Virechana* facilitated bio-purification, stress reduction, and improved the metabolic activity. **Conclusion:** This case highlights the effectiveness of Ayurvedic treatments, including dietary regimen and yoga, in managing obesity and associated health conditions. The approach emphasizes the potential of Ayurvedic practices in promoting weight loss and overall well-being.

KEYWORDS: Obesity, Pathya, Udwartana, Virechana, Sthaulya, Yoga

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1. INTRODUCTION:

Obesity, defined as having an excess amount of body fat, significantly increases the chances of developing type 2 diabetes, heart disease, and specific types of cancer, in addition to interfering with day-to-day activities. It arises when the number of calories consumed exceeds the number of calories burned, with factors like sedentary behaviour and genetics playing a role in increasing risk [1]. Diagnosis in general involves assessing BMI and waist circumference [2]. Global statistics on obesity are concerning, with more than 1.9 billion adults being classified as overweight, including 650 million who are considered obese, as reported by the WHO [3,4]. South Asia, particularly India, is experiencing a rapid rise in obesity rates. Addressing this complex issue requires customized prevention

approaches, given its connections to environmental, psychological, genetic, and lifestyle influences.[5]

2. CASE REPORT:

A 27-year-old unmarried male contractor from XX presented to XX with a three-year history of weight gain, insomnia, exertion dyspnoea, and poor digestion. He leads a sedentary lifestyle with a high-protein non-vegetarian diet, minimal exercise, and occasional alcohol intake. The patient's medical history reveals, no diagnoses of hypertension, diabetes, cardiovascular, respiratory, or neurological conditions. He contracted COVID-19 in 2021 and received treatment. Family history reveals obesity in both the father and maternal grandfather. Vitals on admission are detailed in Table No. 1.

Table 1- Details of Physical Examination:

VITALS		SYSTEMIC EXAMINATION	
Temperature	98.60F	Respiratory system	Normal
RR	18/min	Cardiovascular system	Normal
Pulse	78/min	CNS	Normal
BP	130/80mm of Hg	Per Abdomen	Normal
OTHER FACTORS			
Height	174cm	Sleep	Disturbed
Weight	105kg	Vihara	Sedentary life style
Ahara	Mixed diet	Kosta	Vibandha
Apetite	Good	Micturition	Normal
DASHAVIDHA PARIKSHA		ASTHASTHANA PARIKSHA	
Prakriti	Kaphapittaja	Nadi	Kaphapittaja
Vikruti	Kapha	Mala	Vibhanda
Saara	Medhosara	Mutra	Prakruta
Samhanana	Pravara	Jihwa	Sama is coated in white
Pramana	Pravara	Shabda	Prakruta
Satmya	Avara	Sparsha	Anushnaseeta
Satva	Madhyama	Druk	Prakruta
Aharashakti	Madhyama	Akriti	Atisthoola
Vyayamasakthi	Avara		
Vayah	Madhyama		

Karada Scan: Karada scan is an advanced body composition analysis tool designed to provide detailed insights into an individual's health and fitness levels by using the mechanism of bioelectrical impedance analysis.

Details of Karada scan, and anthropometric measurement changes have been enumerated in Table No. 2.

Table No. 2- Karada Scan and Anthropometric Measurements

Sl No.		Date - 18/10/24	Date - 28/10/24
1.	Weight	104.2kg	98.0kg
2.	Height	174cm	174cm
3.	Total body fat	33.7%	32.2%
4.	Visceral fat	20%	17.5%
5.	Resting Metabolism	2049kcal	1975kcal
6.	BMI	35.3kg/m ²	32.4kg/m ²
7.	Body Age	58 years	56 years
8.	Subcutaneous total fat	24.3%	22.4%
9.	Trunk	22.8%	22.8%
10.	Arms	33.7%	35.7%
11.	Legs	34.2%	34.2%
12.	Skeletal Total fat	28.1%	27.9%
13.	Trunk	19.2%	18.8%
14.	Arms	33.8%	33.9%
15.	Legs	45.8%	44.4%
Sl No.	Anthropometric measurements	Date-18/10/24 (B.T.)	Date-27/10/24 (A.T.)
1.	Weight	104kg	98.0kg
2.	Height	174cm	174cm
3.	Chest	110cm	107cm

4.	Waist	122cm	112cm
5.	Hip	118cm	110cm
6.	Abdomen	125cm	120cm
7.	Midarm left	34cm	32cm
8.	Midarm Right	33cm	31cm
9.	Midhigh Left	58cm	52cm
10.	Midhigh Right	59cm	53cm
11.	Midcalf left	43cm	40cm
12.	Midcalf Right	43cm	38cm

Laboratory Investigations:

All hematological and biochemical investigations are done, and results are within normal limits. Haemoglobin is 16.9 g/dL. WBC count is 10,500 cells/cu mm, within range, with a balanced differential count: Neutrophils (59%), Lymphocytes (30%), Eosinophils (5%), and Monocytes (6%). ESR is 6 mm/hr, indicating no significant inflammation. The platelet count is 2,29,000/cu mm.

Therapeutic Intervention:

In *Ayurveda*, the diseases of *Medoroga*, *Virechana*, *Raktamokshana*, *Vyayama*, *Langhana*, *Swedana*, etc., are described as a line of management. [6] Considering the line of treatment and the deep-seated nature of the doshas in the disease treatment is planned after counseling and written consent from the patient as explained and the *Dinacharya* is planned accordingly, and treatment plan is briefed in table no.3.

Table 3: Details of Treatment given

Step	Procedure	Medicine / Therapy	Dosage	Anupana / Notes
1	<i>Aamapachana & Agnideepana</i>	<i>Agnitundi Vati</i> [7]	500 mg before meals	With water
		<i>Triphala Kashaya</i> [8]	100 ml on empty stomach	Increases the digestion
		<i>Laghu Ahara</i>	Light, easy-to-digest diet	To help reduce <i>Ama</i> and improve digestion
2	<i>Rukshana Chikitsa (Udwartana Karma)</i>	<i>Udwartana</i> with <i>Udwartana Churna</i>	45 minutes daily (for 4 days)	Followed by <i>Bashpasweda</i> with <i>Dashamoola Kwatha</i>

3a	<i>Snehapana</i> (Internal Oleation)	<i>Varunadi Ghrita</i> [9] + <i>Chitraka, Trikatu, Saindhava Churna</i>	Day 1: 30 ml Day 2: 45 ml Day 3: 75 ml Day 4: 110 ml	Monitored <i>Jarana Kala</i> (3, 5, 9, 15 hours) respectively
3b	<i>Sarvanga Abhyanga & Swedana</i>	<i>Murchita Tila Taila Abhyanga</i>	External application	Followed by <i>Udwartana + Bhaspasweda (Dashamoola Kwatha)</i>
3c	<i>Virechana Karma</i> (Purgation)	<i>Trivrt Lehya</i> [10]	40 grams	With <i>Triphala Kashaya</i> (100 ml) as <i>Anupana</i>

Samsarjana krama: After completing *Virechana karma* for *Jatharagni vardhana*, *Samsarjana krama* (*Dwi Annakala*) has been advised to enhance digestive fire.

The parametric changes in Karada scan measurements and anthropometric measurements have been observed and noted.

Table 4: Timeline

Time Frame	Event / Observation
3 years ago	Gradual weight gain starts (sedentary lifestyle, unhealthy diet)
2 years ago	BMI crosses 30 (Obese category); complaints of insomnia, exertional dyspnea, and decreased digestive capacity
Present (18/10/2024)	Visited Ayurvedic hospital 1st evaluation of blood and Karada scan parameters
Day 1-10	Poorva Karma, Pradhana Karma of Virechana
28/10/2024	2nd evaluation decrease in Weight, Blood and Karada scan parameters
29/10/24-02/11/24	Samsarjana krama
Follow up- After 1 month	Ahara, Vihara and Aushadha are advised and weight is maintained

Follow up Protocol:

After *Shodana Karma*, *Pathya Ahara*, *Vihara* and *Abhyantara Oushadha* were advised for 30 days:

- Pathya Ahara:** Strict dietary changes include *Apatarpaka Ahara*: one *kudhanya* roti, mildly spiced and less-oily *mudga yusha*/vegetables, butter milk, lemon juice without sugar, green tea, seasonal fruits and *Lajamanda* (fermented rice gruel) [11], cessation of overeating and non-veg intake, *guru aharas*, *ati snigdha ahara* etc.
- Vihara:** Therapeutic yoga plan: loosening exercises, *Asanas*, and *pranayama*, daily walking starting with 2 km, gradually increased. Avoiding *Diva swapna*, *Ratri jagarana*, *Ati asanasukha* etc.

- Abhyantara Oushadha:** *Medohara Guggulu* (2 tablets, 250 mg each) twice daily before meals. *Medohara Kashaya* (20 ml) twice daily after meals with 40 ml lukewarm water.

3. RESULTS: Results before and after the treatment are enumerated in Table 5

Table 5- Investigations before and after treatment

Parameter	On Admission (18/10/24)	On Discharge (28/10/24)
Weight (kg)	104.2 kg	98.0 kg
Total Cholesterol (mg/dL)	213	186
LDL Cholesterol (mg/dL)	125	70
Triglycerides (mg/dL)	192	184
VLDL (mg/dL)	38.4	36.8
Total Cholesterol / HDL Ratio	4.35	3.32
LDL / HDL Ratio	2.55	1.25

Electrolyte levels denoting stability, with sodium at 146 mmol/L, potassium at 4.1 mmol/L, and chloride at 106 mmol/L, all are within normal ranges. These findings suggest a positive response to the recommended treatment plan. The patient was advised to maintain a restricted diet, avoid daytime napping, do regular exercise, and consume warm water over the next two months. By the end of the treatment period, the patient experienced alleviation of constipation, weakness, shortness of breath, and insomnia.

4. DISCUSSION:

According to *Ayurveda*, *Medadhatu* imbalance, impaired *Agni*, and accumulation of *Ama*[12] gives rise to *Sthaulya* (obesity). It is associated with a sedentary lifestyle and consumption of *guru* (heavy), *snigdha* (unctuous), *madhura ahara* (sweet substances), leading to *Agni Mandhya* and excess *medas*. Both *Ayurveda* and modern science claims obesity as a multifactorial metabolic disorder, with clinical features like excess fat, fatigue, breathlessness, and digestive issues. If left untreated, it leads to diabetes and hypertension.

In this case, the treatment started with *Aamapachana* and *Agnideepana*[13] using *Agnitundi Vati* (500 mg, taken twice a day) and *Triphala Kashaya* (100 ml). To prepare the body for *dosha* mobilization, *Snehana* and *Swedana* are utilized. *Snehapana* with *Varunadi Ghrita* aids in improving digestion and reducing *medas*. Techniques like *Udwartana* (dry massage) and *Bashpasweda* (steam therapy) promote fat metabolism and the removal of toxins. *Virechana* with *Trivrt Lehya* achieved *Madhyama Shuddhi* (12 vegas), followed by *Samsarjana Krama* for five days.

After *Virechana*, the *Shamana Aushadhi*, *Medohara Guggulu* for lipolysis and *Medohara Kashaya* to increase digestion and detoxification. Exercise and dietary changes were vital components in this case. A low-glycemic index diet was recommended, mainly moong dal khichdi (GI ~25-35), pomegranate (GI ~53), lentils (GI ~32), and sweet potatoes (GI ~44) to maintain blood sugar levels and promote weight loss. The case was approached using Ayurvedic principles, with the goal of normalizing the dosha and increasing the metabolic function. Personalized lifestyle modifications were employed, including dietary changes and adjustments to daily routines, to resolve the underlying causes of obesity. A strong focus was placed on promoting behavioral changes, motivation, and energy balance to support long-term weight management strategy. The mode of action is depicted in the flowchart shown in Figure 1.

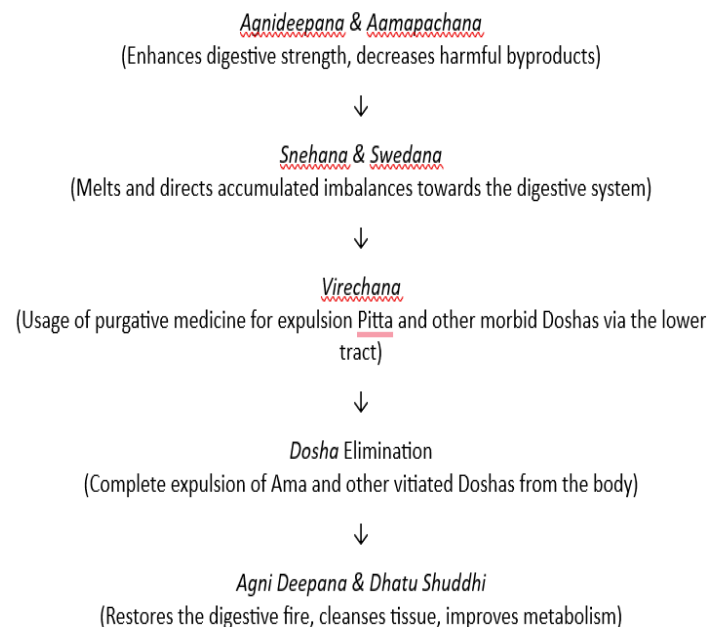


Figure No.1 – Flow chart of Mode of action

5. CONCLUSION: The Ayurvedic approach to managing obesity provides an effective solution by integrating *Panchakarma*, customized dietary adjustments, and therapeutic exercises, all of which contribute to weight loss and improve overall metabolic health. This case highlights the significant benefits of holistic Ayurvedic methods, such as *Virechana*, *Udwartana*, and *Shamanoushadis*, in addressing obesity and its related issues. There are no potential sources of bias in this study. The limitation includes only one sample and lack of long-term follow-up data to assess sustainability of results. By changing the lifestyle and adopting these simple interventions, individuals can achieve good results, promote long-term health, and establish sustainable lifestyle changes for a healthier future.

Declaration of Consent: The authors hereby declare that they have received consent form from the patient prior to study which state that the author can use the patient details in the form of image/video and other clinical details for publication with due effort to conceal the name and other identity.

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